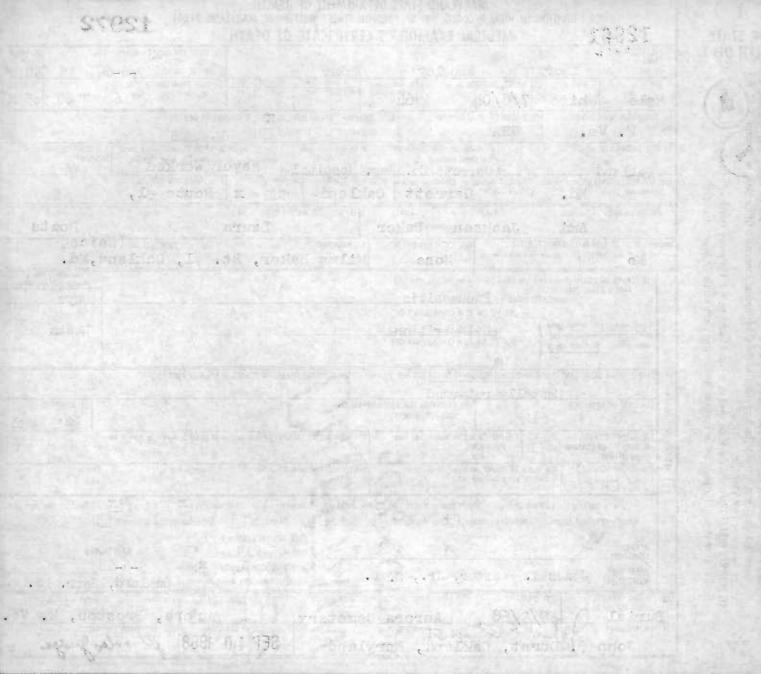
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 12972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME Middle 2a. DATE KNOWN Year 2b. HOUR (Type or Print) ESTI-Page DEATH MATED 19-6-68 Emory Wesley Baker delay and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR and 7/8/04 Day Year 68 905 White Male 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm W. Va. USA WIDOWED [ DIVORCED [ GARRETT in Item 18. Give Pages after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life even if retired.) INDUSTRY Oald and Garrett Co. Mem. Hospital with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death, 13b. COUNTY Garrett admission) STATE Md. Oakland Route YES NO DE haurs land 2 after First 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Jackson Moats Ami Baker Laura the Chief Medical Examiner's pages haurs (Neice) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil This certificate shauld be executed within (Yes, no or unknown) Wilma Baker. Rt. #1. Oakland, Md. None File APPROXIMATE INTERVAL = 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Proumonitis Davs DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove (b) Malmutrition Meeks rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = shauld be forwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal. Mentally retarded used ( 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19a DATE OF OPERATION WAS PERFORMED? please execute the certificate, YES 🗀 NO 🔀 ar 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld 1 PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, office building, etc.) WHILE NOT WHILE burial 22a. I certity that I taak charge of the remains described above, held an Autopsy ... Inspection [34] Inquiry [3] and in my apinian the funeral directar. Natural causes. Undetermined manner death resulted from: Accident Suicide | Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT 9-6-68 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) Oakland, Garr. Md. NAME (Type) 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Aurora, Preston, 19/9/68 Aurora Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 VR A15ME (5) Vakland, Maryland John 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Middle 2b. HOUR (Type or Print) ESTI-Page DOLORES 0 jo MAE 1968 8P M DEATH MATED Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR P. and 8/18/31 White Female Day 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Penna . alang with farm in Item 18. Give Pages 1, TISA WIDOWED DIVORCED GARRETT land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife own home give street oddress) Star Rt. Oakland death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Penna. 13b. COUNTY A7.1eg. 1.810 Kinley St. Pittsburgh YES X NO 24 haurs after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Arthur Evans Hymes Anna haurs pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Husband) **ADDRESS** nci Pa. (Yes, no, or unknown) 187-211-8306 Joseph Bandola. 1810 Kinley St. ped File Exa .⊆ APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Maceration of brain Sudden event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave (b) Gunshot wound of head. self-inflicted rise to immediate couse (a). This certificate shauld any writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remaval CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES T NO F pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 shauld 4 shauld MEDICAL PRIMARY OR CONTRIBUTING CAL EXAMINER: crematian, Shot self in head with .32 cal pistol CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) may be retained for yaur FUNERAL DIRECTOR: Page NOT WHILE AT WORK ALWORK Summer home Star Rt. Oakland Garrett Md. burial 22a/I certify that I taak charge of the remains described above, held an Autapsy [2], Inspection 3 Inquiry X and in my apinian be retained death resulted fram: Natural causes Accident Suicide X, Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral necessary, 9-24-68 DEPUTY MEDICAL EXAMINER Health NAME (Type) James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or countral and. Garr. Md. the 50 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) mizabeth. Alleg., Pa. Mt. Vernon Cemetery 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Oakland, Maryland 1968 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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			DIVISION OF VITAL RECORDS,	201 W DESTON ST	DEET DAITIMOD	E MADVIAND 2	1201		
		12963	•	ERTIFICATE OF	•	L, MARILAND Z	129	975	1
		CEASED-NAME First	Middle	Lost		DATE OF DEATH Month	Doy 3	_ Year	2b. HOUR
	3. SE	Erma	Mabel 4. RACE	Broadw S. DATE OF 8		ept.		INDER I YEAR	UNDER 24 HRS,
		F	W	Feb.	4, 1892		ογ) MON YRS.	THS DAYS	IOURS MIN
	7o. E		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MA WIDOWED DIVO	RRIED 9. COL	JNTY OF DEATH Garrett			Md
00		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		120. USUAL OCC during most of Housew	UPATION (Kind of wo working life, even if r IIE	rk done 1	2b. KIND OF 8L NOUSTRY Own Ho	SINESS OR
11	13o. odmi	USUAL RESIDENCE (Where deceose ssion) STATE Md.	LISH COUNTY	13c. CITY OR TOWN  Grantsvil	13d. INSIDE CITY LIMITS?	13e. STREET AND NU	MBER		
1	14. F	ATHER'S NAME First	Middle Lost		AIDEN NAME First		Middle		Lost
	16o.	John WAS DECEASED EVER IN U.S. ARM es, no or unknown)   (If yes give we NO	Gaster ED FORCES? or or dotes of service)  Gaster 16b. SOCIAL SECURITY N	O. 17. INFORMANT	Sara	A	Address	Newco	Md.
			γ one couse per line for (o), (b), ond (c).) BY:		<u>ella Bro</u>	adwater,	R.D.	APPROXIMA BETWEEN ONSI	tsvi E INTERVAL
2	CERTIFICATION	4200	(c)		OPSY?	ON GIVEN IN PART 1(c 20b. IF YES, WERE FI CAUSES OF DEATH?		DERED IN CER	IFYING
^		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	21c. HOW INJURY O		e of injury in Port 1 o	or Port 2, Item	18.)	
	MEDICAL	(If either, notify medical examin 21d. INJURY OCCURRED While Not while of work  Of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Stre	et or R.F.D. No.	City or Town	Co	ounty	Stote
		22a. I certify that (I) (thi	s hospitol) attended the deceose ive on SEPT-15	d from JAN.	, 19 <u>67</u> ,	to SEPT. 2 deoth occurred or	ے , 19 <u>6 ر</u> n the date o	thot (	l) (we) la nd from th
		couses stated abave	, (I) (we) (did) (did not) view the l	oody after deoth.					
WALL CO.		saw the deceased all couses stated abave 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	(1) (we) (did) (did not) view the b	oody after deoth.	ING MED.	C STAFF C	22c. DATE		

1.9831 Chronia PigocaRand FriduRE Astraioschadotic Henri DisEASE 14EAR SEPT 15 68 JAN 1 69 SEPT. 20 68 Flage Strang In D. " X You apriled This exposed as a second recommendation

					DEPARTMENT OF		100 10		of more
1		10001	DIVISION OF VITAL RE				YLAND 21201	976	
		12964			CATE OF DEATH			376	Tai man
		CEASED-NAME First	Mid		Last	2a. DATE OF	DEATH Month Do	y Year	2b. HOUR
		200	4. RACE	3.	Chaney  S. DATE OF BIRTH		9 14	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	3. SE	Female	White		2 - 28 -1	882	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
ı	7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY	, , , , , , , , , , , , , , , , , , ,	☐ NEVER MARRIED ☐	9. COUNTY OF			
		111d.	U.S.A.	WIDOWED		(3-	ret	Leas must and	Md.
2	G.	TY OR TOWN OF DEATH	11141	Home	nat in haspital 12a. US  Mennen Ruring	mast of warking	(Kind at wark dane ife, even if retired.)	12b. KIND OF E	JUSINESS OR
1	13a. admi	USUAL RESIDENCE (Where deceas ssian) STATE Md.	ed lived, if institution: Residence 13b. COUNTY#11c 9	e before 13c. CITY OF		NO STE	EET AND NUMBER	h Hi11	,
2	14. F	ATHER'S NAME First	Middle	Last 1	S. MOTHER'S MAIDEN NAME		Middle	. /	Last
		Georg		~/i+z		Mary			wman
		was deceased ever in U.S. Akn es, na, ar unknawn) (If yes give w		SECURITY NO. 17. 54-8532-7	INFORMANT Qoodu	Hen Hen	nonite Address	Grants	ville, Ma
4		18. CAUSE OF DEATH (Enter an				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		APPROXIM	MATE INTERVAL
		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) acut		Questoron	ne			
19		401X	DUE TO, OR AS A CONSEQU						
		Canditions, if any, which gave rise to immediate cause (a),	(b) due	to lun	vitensive !	rasent	orderes	2	Lens
		stating the underlying cause	DUE TO, OR AS A CONSEQ	UENCE OF					
		last.	(c)	THE PART WAY BELLEVIN	TO THE TERMINAL DISCISSION	CONDITION OFFI	IN DART 1/ )		
		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEA	TIH BUT NOT KETATED I	O THE TERMINAL DISEASE OF	K CONDITION GIVEN	I IN PAKI I(a)		
	ATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	2Da. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
1	CERTIFICATION			1007	YES NO	CAUSES	OF DEATH?		
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN  or contributing cause of Deat  (If either, natify medical examin	H HOUR A.M. Manth D		IOW INJURY OCCURRED (En	ter nature af injur	y in Part 1 ar Part 2	, Item 18.)	
	MEL		PLACE OF INJURY (AT HOME, FARE		OCATION Street ar R.F.D. N	la. City	ar Tawn	Caunty	Ştate
		22a. I certify that (I) (th	is haspital) attended the	deceosed fram_	Feb. 24, 19.	67 , to 4	est. 14, 1	968_, that	(I) (we) lost
		22a. I certify that (I) (the sow the deceosed of causes stoted obove	live an did (did not) v	view the body after	id that in (my) (aur) o deoth.	pinion deoth o	ccurred an the d	lote ond haur o	ind fram the
		22b. SIGNATURE	1+		ATTENDING 🕟	MED.	STAFF 220	DATE SIGNED	>
	- 1	22d. PHYSICIAN'S	Along	DEG	REE PHYS.	DIRECTOR L	PHYS.	1/7/60	-2
			PAIGE STRONG.	M. D		ST. FRO	STRURG, 1	MD.	
	23a.	BURIAL, CREMATION, 23b.		NAME OF CEMETERY OF			N (City ar Tawn)	(Caunty)	(State)
2			-16-68 ST	. MICHAELS			BURG, MD		
1		FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	edat
		JOSEPH R. DURS	r, FROSTBURG,	MD. 21532	DATE 3	EP 17	1000	- Look	

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			DIVISION OF VITA	MARYLAND STA				21201	27 6 7	
		12965	DIVISION OF VITA		IFICATE OF D		E, MAKTLAND	129	דיך.	
		CEASED-NAME First ype or print)		Middle	Lost	20.	DATE OF DEATH	Dgy	Year	2b. HOUR
	3. SE	LYL	A RACE	ONA	S. DATE OF BIRT	'H	6. AGE (In	1)		IF UNDER 24 HRS.
	J. JL	Female		ite		er 11,1	last hirth		ONTHS DAYS	HOURS MIN
	70. [	RIPTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO		RIED NEVER MARRI		INTY OF DEATH	1K3.		
	caun	Maryland	U.S.A	IMAN	WED DIVORCE			GARRE	TT	M
Z.	10. C	IIT OR IOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTION			UPATION (Kind of w		12b. KIND OF E	
1		Oakland	giye street o	ett CO. M	lem. Hosp		working life, even i		Own H	ome
5	admi	USUAL RESIDENCE (Where deceases ssion) STATE Va.	13b. COUNTY Gre	. 1		d. INSIDE CITY LIMITS?	13e. STREET AND N	#1		
3	14. [	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIL	DEN NAME First		Middle		Lost
ā		John	Wesley	Harvey		Mary	Cath	erine	The	ompson
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown)   (If yes give v	AED FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMANT			Address		
		no	10.00		Garrett	C. Dix	on Rt.	#1, G	orman	ia, Wva
H		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		(o), (b), ond (c).)	1	/			BETWEEN ON	ISET AND DEATH
		IMMEDIA	ATE CAUSE (a)	Myoras	nella!	mound)	ucu/		mes	ue.
		Conditions, if any, which gave	DUE TO, OR AS A CO	INSEQUÊNCE OF	i llan	1/ 7	Dunne.		100	~/
		rise ta immediate cause (a), (	(b) DUE TO, OR AS A CO	ONSECUENCE OF	16 / fells	74 1/3	seuse.		41	J.
		stoting the underlying couse lost.	(c)	In Jen	11310/01	11/1/10	CUDA	1	4	p.
		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING	O DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART 1	(0)	- /	
	2	4201 6	Tapoles	molli	Sus					
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS PERFORME	D 20a. AUTOPS	Y?	20b. IF YES, WERE CAUSES OF DEATH?		SIDERED IN CEI	RTIFYING
-	RTIFI	No. of the last			YES 🔲	NO 🔀				
		21a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING  CAUSE OF DEAT		th Doy Yeor	Tc. HOW INJURY OCCU	RRED (Enter nature	e af injury in Part 1	or Part 2, Iter	m 1B.)	
-	MEDICAL	(If either, notify medical exami	ner) P.M.	19		252.0	-			
	~	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY ( AT HO)	BUILDING, ETC.	21t. LUCATION Street	ar K.F.D. No.	City ar Town		County	State
		22a. I certify that (I) (th	is hasnital) attended	the deceased from	n isent	. 1967.	ta 9/13	L, 19.6	8_, that	(I) (we) la
		saw the deceased a	live an 41/3	1 - 68 19	, and that in (mv)				and hour o	and from th
		causes stated abave	e, (I) (we) (díd) (did r	at) view the bady a	fter death.					
		22b. SIGNATURE	En An	2	DEGREE PHYS	MED. DIRECTOR	R STAFF	72c. DA	TE SIGNED	0
		22d. PHYSICIAN'S	Mennon		DEGREE PHYS.  22e. ADDRE		к 🗀 РНҮЗ.		1760	2
			B. L. Gran	nt, MD	220. 7.00 //		nd. Mar	vland		
	23a.	BURIAL CREMATION. 23b.		23c. NAME OF CEMETER	RY OR CREMATORY		LOCATION (City or		(County)	(State)
		DEMOVAL (Speciful)	9/16/68	Fairview	Cemeter	v		Ga	rrett	md.
0	24)	FUNERAL DIRECTOR 201	in wind	ADDRESS	2	So. REC'D BY REGI		REGISTRAR'S SI	GNATURE	
2	14	erala 1. Ulu	much oal	cland. Ma	rvland	DATE SEP 2	3 1968	ochon	Na Que	dar:

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The state of the s	1 2 5 6 To Division of VIIal Records, 301 W. Presion Street, Baltimore, Maryland 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 129	אלו
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Da	y Year 2b. HOUR
is ta af	(Type or Print)  Roy  Bee  Lichty  OF  ESTI-  DEATH MATED 9-11-	58 19 8:15
lay is 1 3 ta Page ent af	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOWE
13 In de	Male White 3-2-93 75 yrs Months OAYS HOURS MIN. Manth 9 Day 11	Year 68 9:30
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- E 8	country)Pa. USA WIDOWED DIVORCED Garrett	N
age age h f h f tat	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b	. KIND OF BUSINESS OR
ve Page 3 with f	Rural, Deer Park give street address during most of warking life, even if retired.) IND	Farming
after death  8. Give Pages 1, alang with farm with the State De leath.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Total Hilling
s after 18. Give alang	Marisign AMd 13b. COUNTY rett Deer Park YES NO 50 Rt. 1	
L L L	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
	Simon J. Lichty Sarah Be	eachy
hin 24 pages haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Md.
within pencil carrille page le page 72 hau	(Yes, no, or unknown) (If yes give war or dotes of service) 218-07-3815 Mrs. Mildred Lichty Rt. 1 I	Deer Park.
File File	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
executed value in Medical E	PART I. DEATH WAS CAUSED BY:	BETWEEN GNSET AND DEATH
xec Idin Med Med t w	4109  IMMEDIATE CAUSE (a) Coronary occlusion  DUE TO, OR AS A CONSEQUENCE OF	Sudden
be execute "pending" lef Medica nsit permit	Canditions if any which gave	
ould be exward "pend he Chief M ial-transit p	rise to immediate cause (a), (b) Arteriosclerosis, generalized  OUE TO. OR AS A CONSEQUENCE OF	Years
should be e ne ward "per o the Chief ! burial-transit	stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
e sh the to to bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate should be executed within e certificate, writing the ward "pending" in pencil should be farwarded to the Chief Medical Examplies.  3 should be used as a burial-transit permit. File pagarian, or remayal, and in any event within 72 has	4001	
certif , writi arwan used oused maval	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Manth, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item)	20. AUTOPSY?
fary fary	WAS PERFORMED?	YES NOW
ER: This certificate, ould be fees. hauld be ain, or rei	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	, – –
S. S. auld auld auld auld	PRIMARY OR CONTRIBUTING HOUR A.M.  (AUSE OF DEATH P.M. 19  2 Id. INJURY OCCURRED 2 Ie. PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. No. (ity or Town C	
inner: The certification is should by files.  3 should bottles.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City ar Town C	aunty State
AM e th our ige rem	WHILE NOT WHILE factory, affice building, etc.)	PARTY OF THE
DEPUTY DICAL EXAMINER: scessary, please execute the certiful e funeral directar. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should priar to burial, cremation,	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apiniar
cal exe or. F d fo Topurio	death esylted fram: Natural causes X, Accident . Suicide . Hamicide . Undetermined manner	, ,
please e l directar retained DIRECT ar ta bu		
ITY DICA Please was directed directed be retained RAL DIRECTED Prior to be pri	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGN	NED
UTY, Iry, Pri	M.D. SOUTH MEDICAL CAMPITER	
O DEPUTY DICA necessary, please ex the funeral directar. S may be retained to FUNERAL DIRECTO Health priar ta bur	EXAMINÉR'S NAME (Type) James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) acland. Ga	
O DEPUT necessary the funer 5 may be O FUNER, Health		unty) (State)
F F	REMOVAL (Specify) Oakland Marvi	Land
E TO STATE OF THE	24 FUNERAL DIRECTOR ADDRESS 1250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN	
VR A15ME (5)	Gerald M. Minnich Oakland, Marylan BATE SEP 2 3 1968 Minnich	as Judge

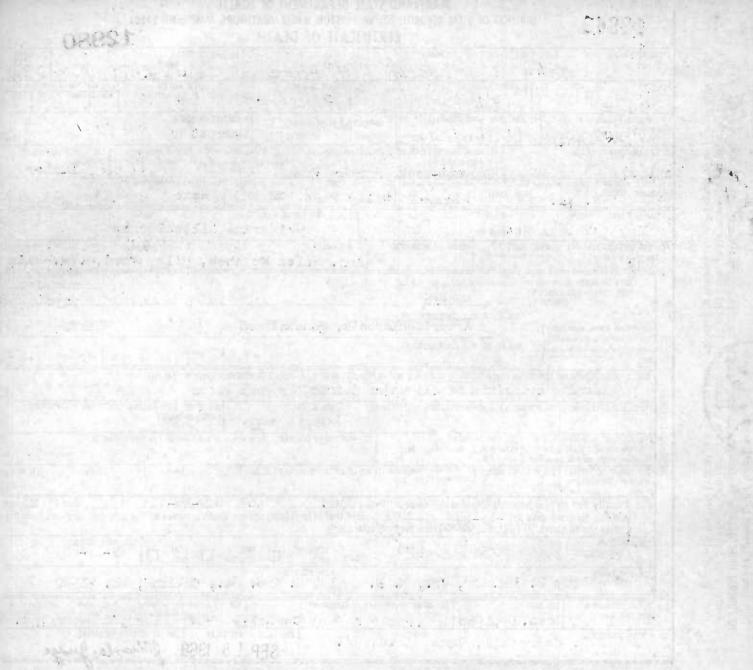
MARYLAND STATE DEPARTMENT OF HEALTH

12-1		12967	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIM	MORE, MARYLAND 21201	• • •
		16000		CERTIFICATE OF DEATH	12	2979
death.		ECEASED-NAME First  Ype or print)  Min	iam Louise	lost Mac Leod	20. DATE OF DEATH September 20	2b. HOURA 0:25 M
	3. S	x Female	4. RACE White	5. DATE OF BIRTH June 25,188	6. AGE (In years less durthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
in beers. Pers. Paurs 2 haurs	7a. cau	BIRTHPLACE (State or foreign other) Ohio	7b. CITIZEN OF WHAT COUNTRY?		. COUNTY OF DEATH Garrett	Md.
ate be executed within 24 haurs offer cide and completely filled in by the fulled in by the fulled and in any event, within 72 haurs after and in any event,	10.	ity or town of DEATH Oakland	11. NAME OF HOSPITAL OR INS		OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY home
coted with a special state of the special state of the special special state of the special s	13a. adm	USUAL RESIDENCE (Where deceases issian) STATE Pa	ed lived, if institution: Residence before 13b. COUNTY Alleg.	13c. CITY OR TOWN 13d. INSIDE CITY LIM PSh. YES NO	13e. STREET AND NUMBER	ne Drive.
din any every	14.	ATHER'S NAME First Frederick	Middle Last W. Gasch	15. MOTHER'S MAIDEN NAME Fire Kathar		Barnes
ertificate of physicial hen please		was deceased ever in u.s. arm es, no, or unknown) (If yes give w	AED FORCES? ar or dates of service) 300-1,0-78		Address Leod, Pittsbu	(Dau.)
at the death of the attending the attending ssit permit. Tematian, ar ren		18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDIAL Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c) Use to Constitution (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Engles & UK	)	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  / S CL23  Year  Jean
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, creating the state Dept.	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES NO 🔀	20b. IF YES, WERE FINDINGS CO	
SICIAN: spital ar ertificate ed far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	H HOUR A.M. Manth Day Year ner) P.M. 19			
<b>G PHY</b> : the ho this c	2	While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	2 1	City ar Tawn	Caunty State
TENDIN ined by OR: After auld be	1	22a. I certify that (I) (the saw the deceased a causes stated abave	is haspital) attended the decease live an the live (I) (we) (did) (did nat) view the	ed fram 22 4/10, 1999 9, and that in (my) (aur) apin bady after death.	ian death accurred an the da	te and haur and fram the
IAL OR AT OR AT DIRECT AL DIRECT Shope 3 she filed with		22d. PHYSICIAN'S	nance The	DEGREE PHYS. DIR	D. STAFF 22c. 1	DATE SIGNED TOS
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed w	23a	BURIAL CREMATION. 23b.		CEMETERY OR CREMATORY	land, Marylan 23d LOCATION (City or Town) Millersburg,	(Caunty) (State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	ADDRESS		REGISTRAR 2Sb. REGISTRAR'S	

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B. Freedon Jase	M 01.910			

	12968	DIVISION OF VITAL RECORD	S, 301 W. PRE	STON STREET, BA	LIIMUKE, MAKI	LAND 21201		
	18000		CERTIFICA	TE OF DEATH		1	2980	
		Middle	2	Last	2a. DATE OF D	EATH		2b. HOUR
	Jo	ha Jose	ph 1	TAbee	Sen	tember 1'	7 1968	2 AM
3. SI	X	4. RACE	S.	DATE OF BIRTH	1	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male-	White		9/12/15	>	53 YRS.		
7a.	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?						
_	1 HKULAND	United State					Tage ways and	M
		give street address)	TOO TI) NOTIUIIUNI	n nospitol 120. Us during	mast of warking lit	(e, even if retired.)	INDUSTRY	
130	Land USUAL RESIDENCE (Where decen	Cuppett-Nee	ks Nursi	NO Home			Lu	mber
odm	ssion) STATE W. Va.							
14.			1S. A			Middle		Lost
1,			7000 112 100		rine Hill		r	
160. Y	es, no, or unknown) (If yes give	war or dates of service)			c Abee,		rd, W. Va	Wife
	1B. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and	(c).)					AATE INTERVAL NSET AND DEATH
	DADT I DEATH WAS CALLS	in by.					10 day	
	4409	DUE TO, OR AS A CONSEQUENCE	OF					
	Canditions, if any, which gave	(b) Arterios	clerosis	, generalia	zed		Years	
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF				1 2 3	
		) (c)	L NOT DELETED TO T	UE TERMINAL DISCISSE O	D CONDITION CHIEN	111 D4 DT 1/ \		
						IN PAKI I(a)		
VION				20a. AUTOPSY?		ES, WERE FINDINGS (	CONSIDERED IN CE	RTIFYING
昌				YES NO	CALICEC			
	210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY		INJURY OCCURRED (Er	nter noture of injury	in Port 1 or Part 2,	Item 18.)	
DICA	(If either, notify medical exam	iner) P.M.	19					
W	21d. INJURY OCCURRED 21e While Nat while	e. PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	, FACTORY,) 21f. LOCA	TION Street or R.F.D.	Na. City o	r Town	County	Stote
	22a 1 certify that (1) (th	his haspital) attended the dece	ased fram_A	1g , 19	67 , ta 9-	16-68 , 19	, that	(I) (We) la
		alive and TI 68	_19, and 1	hat in (my) (our) o	ipinian death ac	curred an the de	ate and haur o	and from th
	saw the deceased of	on (1) (vis) (did) (did as) vioust	na Kadu after de	ath				
		alive ang 15-68 re, (I) (we) (did) (did not) view th	ne bady after de	ath.				
	saw the deceased of causes stated above 22b. SISMATURE	re, (I) (we) (did) (did not) view the	ne bady after de	ATTENDING -		22ς.	DATE SIGNED 9-17-68	
	22b. SISMATURE	. Ferter 1	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED 9-17-68	
6	22b. SIEVIATURE 22a. PHYSICIAN'S NAME (Type) James	H. Feaster, Jr.,	DEGREE M. D.	ATTENDING PHYS. 22e ADDRESS 2nd	MED. DIRECTOR	STAFF 22c. PHYS. D	DATE SIGNED 9-17-68 6 21550	0
230	22a. PHYSICIAN'S NAME (Type) James BURIAL, (REMATION, 23b.	H. Feaster, Jr., DATE 23c. NAME	DEGREE  M. D.	ATTENDING PHYS.  22e ADDRESS 104 S 2nc	MED. DIRECTOR  3. St., O	STAFF 22c.  akland, M  (City or Town)	DATE SIGNED. 8 9-17-68  10 21550 (County)	(Stote)
	22A. PHYSICIAN'S NAME (Type) James BURIAL, CREMATION, REMOVAL (Specify) Se	H. Feaster, Jr., DATE 23c. NAME	DEGREE  M. D.  OF CEMETERY OR CR  Peter & 1	ATTENDING PHYS.  122e ADDRESS 104 S. 2nd EMATORY Paul Cemet	MED. DIRECTOR  3. St., O	STAFF 22c. PHYS. D	DATE SIGNED 9-17-68 d. 21550 (County) Allegan	(Stote)
	(T 3. SE COUP 10. C 21. 130. Odmi	(Type or print)  3. SEX  7a. BIRTHPLACE (State or foreign country)  10. CITY OR TOWN OF DEATH  13a. USUAL RESIDENCE (Where decedodmission) STATE  14. FATHER'S NAME  16a. WAS DECEASED EVER IN U.S. AR  Yes, no, or unknown)  18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE IMMED)  19a. DATE OF OPERATION  19b. DATE OF OPERATION  19b. DATE OF OPERATION  19b. DATE OF OPERATION  19b. DATE OF OPERATION  19c. CONTRIBUTING  21d. INJURY OCCURRED  21d. INJURY OCCURRED	(Type or print)  3. SEX  4. RACE  7a. BIRTHPLACE (State or foreign country)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR give street address)  12. CITY OR TOWN OF DEATH  13b. COUNTY  14. FATHER'S NAME  15c. USUAL RESIDENCE (Where deceased lived, if institution: Residence befoodmission)  16c. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)  17b. CITY OR TOWN OF DEATH  17c. CITY OR TOWN OF DEATH  17c. CITY OR TOWN OF DEATH  17d. COUNTY  17d. CITY OR TOWN OF DEATH  17d. COUNTY  17d. COUNTY	(Type or print)  3. SEX  4. RACE  7a. BIRTHPIACE (State or foreign country)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in give street address)  13b. CULTY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in give street address)  13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN of STATE W. Va. 13b. COUNTY  14. FATHER'S NAME First Middle Lost IS. A MICA bee  16c. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TOWN of CONTRIBUTING COUSE OF DEATH COUSE (o)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21c. ACCIDENT WAS UNDERLYING (file ether, notify medical examiner)  21d. INJURY OCCURRED (AUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19  21d. INJURY OCCURRED (AUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19  21d. INJURY OCCURRED (AUSE OF DEATH HOUR A.M. Month Doy Year OFFICE BUILDING, ETC. (OFFICE BUILDING, ETC.)  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCA	Top   Top	Country   Coun	1. DECEASED NAME (Type or print)	1. DECEASED NAME (Type or print)   1. DECEASED NAME (State or foreign country)   1. DECEASED NAME (

MAKILAND STATE DEPAKIMENT OF HEALTH



1		12969	DIVISION OF VITAL RECORDS,	301 W. PRESTON S CERTIFICATE O	TREET, BALTIMOR	RE, MARYLAND 212	12981	
death.	(1		ARY ELIZABETH MICH		S	DATE OF DEATH Month EPTEMBER	23 1968	2b. HOUR 6:28PM
	3. SE	x Female	4. RACE White	S. DATE OF	BIRTH 26,1891	6. AGE (In year	YRS. IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
9	caut	BIRTHPLACE (State or foreign arry) W. Va.	7b. CITIZEN OF WHAT COUNTRY? USA		ORCED	Garrett		Md.
5		or town of death	11. NAME OF HOSPITAL OR IN	. Mem. Ho	sp during most of	UPATION (Kind of work of working life, even if reting life,	dane 12b. KIND OF E red.) INDUSTRY	nome
11	13o. adm	USUAL RESIDENCE (Where deceasession) STATE Md.	sed lived, if institution: Residence befare 13b. COUNTY Garrett	13c. CITY OR TOWN Oakland	YES NO	13e. STREET AND NUMBI	eventh St	
1	14. 1	ATHER'S NAME First Frank	Middle Lost Fo 3		MAIDEN NAME First Lydie	Mide 3.	dle Kalb	lost augh
	160. Y	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates of service)  16b. SOCIAL SECURITY 232-01-1		n Michael	Addr. L., 113S. 7	'ess	
	CERTIFICATION	Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	ATE CAUSE (a)	OJ RELATED TO THE TERMI	TOPSY?	ION GIVEN IN PART 1(o)  20b. IF YES, WERE FINDI CAUSES OF DEATH?	INGS CONSIDERED IN CE	RTIFYING
X	MEDICAL CERTIF	21o. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M. Manth Day Year			re of injury in Part 1 or P	Part 2, Item 18.)	
	ME	21d. INJURY OCCURRED 21e. While Not while at wark	. PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION SI	treet or R.F.D. No.	City or Town	Caunty	State
		22a. I certify that (I) (the saw the deceased of causes stated above	nis haspital) attended the deceas alive an	19, and that in (	, 19 (my) (aur) apinian	, ta death accurred an t	he date and haur o	(I) (we) las and fram the
		22b. SIGNATURE 8	Mance	DEGREE ATTEN	DIRECTO	OR STAFF STAFF	22c DATE SIGNED	68
1		22d. PHYSICIAN'S NAME (Type) A	E. Mance, M.D.		DDRESS Oakland,			
	230.	BURIAL, CREMATION, 23b.	126/68 h Oakl	cemetery or crematory and Cemete	ery (	. LOCATION (City or Town Dakland, G	arr., Md	(State)
DR	24.	FUNERAL DIRECTOR  John	Durst, Oakland	Md.	DATE SEP	2 7 1968 REGIS	TRAR'S SIGNATURE	deli

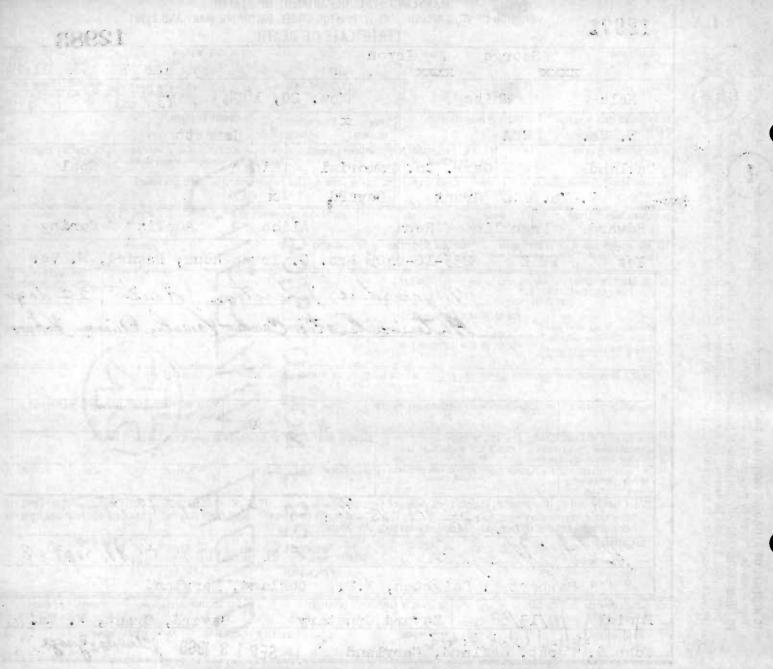
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Rages 1 and 2 ravis after death. 2b. HO DECEASED-NAME First Middle Lost 20. DATE OF DEATH haurs after death Septemberth 27, Doy 1968 (Type or print) Velma Platter Pearl 2:00 M 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost-birthday) IF UNDER 24 HRS. 3. SEX IF LINDER 1 YEAR June 21, 1902 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. USA WIDOWED [7] DIVORCED [ Garrett 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.)

Garrett Co. Mem. Hospital Housewife give street oddress) INDUSTRY Own ed same carbab Oakland Home and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO F signed by the attending physician and camp burial-transit permit. Then please remave requires that the death certificate be execut Md Garrett Grantsvil 14. FATHER'S NAME First Middle lost 1S. MOTHER'S MAIDEN NAME First Middle Broadwater Groves Fannie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) crematian, ar remaval, 220-34-2022 Edward Platter, Grantsville CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached for use as the State Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUXOPSY? CAUSES OF DEATH? YES 🗀 NO 🗍 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (I) (this hospitol) attended the deceased from April IV, 1967, to Affair, 1968, that (I) saw the deceased alive on 260, 19, and that in (my) (our) opinian death accurred on the dote and haur and couses stated above, (J) (we) (did) (did not) view the body after death. \_\_\_\_\_, and that in (my) (our) opinian death accurred on the dote and have and from the 22b. SIGNATURE 22c. DATE SIGNE ATTENDING DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type)Dr. E. Mance Dakland, Maryland 21550 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) BREMOVAL (Specify) 9/30/68 Bittinger, Garrett, Md. Bittinger Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **EUNERAL DIRECTOR** VR A15 (4) 30M REV. Grantsville, Md. DATE OCT 1968

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21		4 C O P e	DIVISION OF VITAL RECORDS,		TON STREET, BAL		ARYLAND 21201	~	
		12971			TE OF DEATH			1298	3
		CEASED-NAME First (	George Middle Ir	Re			OF DEATH Month aptember	10 1988	2b. HOURA
	3. SE.	Male	4. RACE White	S.	DATE OF BIRTH	894	6. AGE (In years last-hirthday)	RS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	caun	try) W. Va.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY			Md.
		ity or town of death Cakland	11. NAME OF HOSPITAL OR IN give street address).	Memori	J. Stein .	DAL OCCUPATION	ON (Kind of work do ng life, even if retired	ne 12b. KIND OF INDUSTRY	BUSINESS OR
		USUAL RESIDENCE (Where deceose ssion) STATE $W ullet Va$	d liyed, if institution: Residence before //3b. COUNTY Crant	13c. CITY OR TO Bayar			STREET AND NUMBER		
	14. F	ATHER'S NAME First Edward F1	Middle Lost ranklin Renn		OTHER'S MAIDEN NAME Alice	First	Adelia	Bori	lost
	16a. Ya	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b. SOCIAL SECURITY 235–16–0			ren Re	Address enn, Baya		Va.
C. Note of Control of Control	ON	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N					Disere.	Unknow
	CERTIFICATION	m/F	ONDITION FOR WHICH OPERATION WAS PE		YES NO D	CAU	. IF YES, WERE FINDING SES OF DEATH?		ERTIFYING
	MEDICAL C	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Day Year er) P.M. 1	9	INJURY OCCURRED (Ent				
		While Not while at wark			10N Street ar R.F.D. N		City ar Tawn	County	State
		22a. I certify that (I) (this saw the deceased ali causes stated abave,	s haspital) attended the deceas ive an (did) (did nat) view the	ed fram 1928, and the bady after dec	nat in (my) (aur) at th.	oinian deat	h occurred an the	19 <u>68</u> , tha date and haur	(I) (we) last and fram the
١		22b. SIGNATURE	H. Jayhlor	DEGREE		MED. DIRECTOR	STAFF D	22c. DATE SIGNED	t68
		22d. PHYSICIAN'S NAME (Type) Herbe			22e. ADDRESS Oaklar		aryland		
Í	23a.	BURIAL, CREMATION, 23b. D	13/68 _ Bayar	cemetery or cre			ATION (City or Town)	(County)	(Stote)
	24.	John Of Turs	to Oakland Mar	bnefve	2Sa. REC'D	BY REGISTRAR		AR'S SIGNATURE	ye.



		12972	6			VIIAL KEU				DEATH		, , , , , , ,			29	84	
1		rpe or print)	Elm	rst <b>E</b> T		Middle Joseph		Sha	lost <b>ffer</b>			Sept	EATH Cefficie	r Pay	19	958	2b. HORM
3	. SE)	Male			4. RACE	White			Octob	oer 9,	18	384	6. AGE (In lass bijth	years lay) YRS.	IF UNOER		IF UNDER 24 HRS. HOURS MIN.
- 1	duni	RTHPLACE (Stote		7b.	CITIZEN OF W	HAT COUNTRY?		ARRIED [	NEVER MAR	RRIEDIK		NTY OF					
F	0. CI	ryland TY OR TOWN OF Rland		-	11. N give	USA IAME OF HOSPITA street address) rett		ION (If not	in hospital	120 11511	AL OCCUE	PATION ( orking li	Kind of wo	ork done retired.)	12b. K	(IND OF I	Md BUSINESS OR
1	3a. I	JSUAL RESIDENCE sign) STATE	(Where dec	eased 1	ived, if institution 13b GOUNTY	tion: Residence	before 13c.	city or takla	OWN	13d. INSIDE CITY L		13e. STR	EET AND NU	JMBER	St.		
		THER'S NAME	First		Middle		Last	15.	MOTHER'S MA	AIDEN NAME F				Middle			Lost
1	60.	He WAS DECEASED EV	nry /FR IN U.S.		seph	Shafi			Mary	Eliz	abe	th	Nau	l Address			
	Ye	s, na, ar unknawr NO	(If yes gi	ve war ar	dates of service)	212-10		3 Mi	gg Ma	ary J.	Sh	naff		Oak]	land		Md.
	1	1B. CAUSE OF D	EATH (Enter	only a	ne cause per l	ine far (a), (b)	and (c).)	/	0 11			/			В	APPROXIMETWEEN OF	ATE INTERVAL SET AND DEATH
		412	IMME	DIATE	CAUSE (a)	AS A CONSEQUE	NOR OF	31.1	MA	<u>MBB 2</u>	10			3	-	2014	0
		Canditians, if an	y, which gas	(e)	(b)	Cent.	MUSL	lmo	Wie .	ML	2					40	1.
	-1	stating the und	erlying cou	se	DUE TO, OR	AS A CONSEQUE	NCE OF								/		
	- 1	PART 2. OTHER S	IGNIFICANT	CONDITI	ONS CONTRIB	UTING TO DEATH	BUT NOT RE	ATED TO 1	THE TERMINA	L DISEASE OR C	ONDITIO	N GIVEN	IN PART 1(	0)			
	S S	4221													-		19
X	STEEC	19a. DATE OF OPE				HICH OPERATION	WAS PERFORA		2Do. AUTO	NO 🗆		CAUSES	res, were f of death?				RTIFYING
	4	21a. ACCIDENT V  ☐ OR CONTRIBUTING  (If either, natify	CAUSE OF I	DEATH	HOUR A.M.	Month Day	Yeor 19	21c. HOW	V INJURY OCC	CURRED (Ente	r nature	of injury	in Port 1	or Port 2,	Item 1B.)	-	133
		21d. INJURY OCC While Not w	URRED 2		CE OF INJURY			21f. LOC/	ATION Stree	et ar R.F.D. Na		City o	ır Tawn	- 19	Count	Y	State
		220. I certify	that (I) (	this holive	ospitol) oti an (we)(did)	ended the d	eceased fr	am 2, and after de	that in (m	, 19 <i>6</i> iy) (aur) opi	nion de	eoth o	curred o	, 19. n the da	68 te and	, that hour (	(I) (we) las and from the
		22b. SIGNATURE	B	10	am	tm		DEGREE	ATTENDI	NG D	ED. IRECTOR		STAFF C	22c.	DATE SIG	NED /	8
1		22d. PHYSICIAN'S NAME (Type	Dr.	B.	L. Gra	int			22e. ADD	oress akland	M:	aryl	and	215	50		
2	3a. F	BURIAL, CREMATION	ON. 23	b. DATE	.0/196		ME OF CEMET			v		LOCATION	I (City or To	,	(Count	,,	(Stote)
2		UNERAL DIRECTOR		m	mmin.	() A	DDRESS			2Sa. REC'D B	Y REGIST	TRAR	2Sb. RE	GISTRAR'S	SIGNATU	RE	
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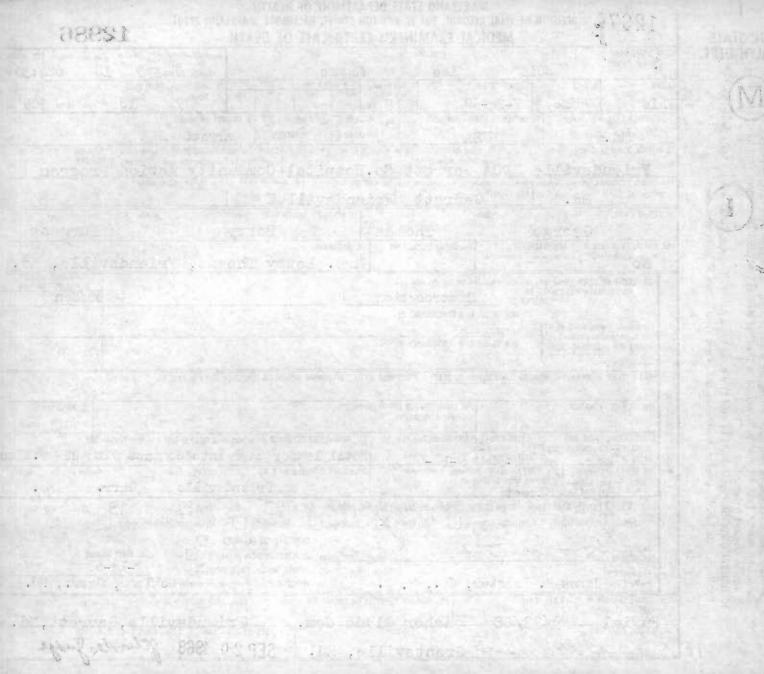
MAKTLAND STATE DEPAKTMENT OF HEALTH

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			DIVISION		AKYLANU S					AND 21201		***	
FOR STATE		1297	SINDICIAIG		ECORDS, 301 CAL EXAM					AND ZIZUI		12985	5
HEALTH DEPT.		ECEASED-NAME	First	MEDI	Midd		Lost		LAIII	20. DATE KNOWN			2b. HOUR
	(	Type or Print)	GABR	TEL	(NO	NE)	SHREV	E		OF FETT		.12, 16	- 1
loy is 1 3 to Poge ent of	3. 5	X , * *	4. RACE	S. DATE OF BI	RTH	LI ACE	IF UNDER 1 YEA	IR IF UNDE	R 24 HRS	2c. DATE PRONOU	NCED DEAD		2d. HOUR
ny deloy is 2, ond 3 to n PM3. Poge epatrment of	-	ale	White	Jan.	15,183	85 YR			min.	Sept.	12,	Year 196	88:15
1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH											
Poges 1, vith form		OTTY OR TOWN OF DEATH  OTTY OR TOWN OF DEATH							112b. KIND OF B	Me			
dead dead	Oakland Cuppett-Weeks Nursing Home during most of working life, even if retired.)   INDI											INDUSTRY Farmi	
de v. Over	13o. o	USUAL RESIDEN dmission) STATE	CE (Where deceose Md.	d lived, if instit 13b. COUNTY	dution: Residence Garre t	before Boff	marria, Va.	13d. INSIDE CITY	-	Route	WUMBER #1,		
hours Offi	14. F	ATHER'S NAME	First	Middl	е	Lost	15. MOTHER'S	MAIDEN NAME	First		Middle		Lost
S Is		Banjamin Shreve Hanah								Kett	erman		
within 24 pencil in xaminer's ile poges 72 hours	16o. (Y	WAS DECEASED EV	(ER IN U.S. ARMED FO vn) (If yes give w		235-30		17. INFORMANT Rose M	arie	Call	is, 3N	.2nd.	Oakla	nd.Md
in pe I Exan I Exan In 72	MEDICAL CERTIFICATION		DEATH (Enter only	one couse per									ATE INTERVAL ISET AND DEATH
executed nding" ir Medical I permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion									Minut	es	
ould be executed vord "pending" in he Chief Medical E ial-transit permit. Fony event within		Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove )  Arteriosclerosis, generalized									Years		
should be e te word "per o the Chief I burial-transit in ony even			rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
KAMINER: This certificate she te the certificate, writing the vertificate, writing the vertificate forwarded to the vour files.  age 3 should be used os o buricemation, or removal, and in		<u>lost.</u> (ε)											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTO			
		21o. EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING	HOUR A	F INJURY Month, D I.M.	oy, Yeor	21c. HOW INJURY	OCCURRED (E	nter notur	e of injury in Port	1 or Part 2,	Item 18.)	
	MED	21d. INJURY OC	CURRED 21e. Pl		(At home, form,	street,	21f. LOCATION Str	eet or R.F.D. N	0.	City or Town		County	Stote
		22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection X, Inquiry x, and in my apinion											
ical Execution of the control of the		death resulted fram: Natural causes 🗷 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌											
pleose directaretoine.  DIRECTORE  Or to b		ACTUAL		7	X			CHIEF MEDICA	L EXAMINE	R			
ry, ple eral di be retd RAL DI prior		SIGNATURE	Jun P	Jenes	1			ASSISTANT ME			22b. DAT 9-12-6	E SIGNED	
ro DEPUTY necessory, p the funeral 5 moy be r ro FUNERAL Health pric		EXAMINER'S NAME (Type)  James H. Feaster, Jr., M. D.  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county) Oakland, Garr., Md.											
To nece the the S nece Hee	230	BURIAL, CREMA	TION, 23b. I				OR CREMATORY			LOCATION (City or		(County)	(Stote)
0/	Ä	BUNALE		15/68	A Oal	c Grov	e Ceme	tery		ar Gor			Md.
VR A15ME (5)	24.	Tohn (	7 17 17	W	Durst	ADDRESS	nd	2So. REC	P I	6 1968 25b.	gella .	SICNATURE SALES	ye.

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2 1	MARYLAND STATE DEPARTMENT OF HEALTH  1297 Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201										
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2986									
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month	Day Year 2b. HOUR 1681:30 M									
and the second s	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours lost birthday) 6. AGE (In yours Min Months Days Hours Min Months Min Mon	2d. HOUR									
Deportr	Male White 7-21-50 18 yrs. Married 9 048  7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7edr 168 \$05 M									
s l, orm e De	(Guntry) Md. USA WIDOWED DIVORCED Garrett	Mo									
be forwarded to the Chief Medical Examiner's Office along with form the used as a burial-transit permit. File pages (and 2 with the State D) or removal, and in any event within 72 hours offer-death.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.)  Friendsville DOA Garrett Co. Hospital Community Action	12b. KIND OF BUSINESS OR INDUSTRY Program									
80 d 3 0	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.   13b. COUNTY Garrett Friendsvilly ( NO □   13e. STREET AND NUMBER										
The state of the s	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  George Thomas Betty	Burgess									
poges hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Durgess									
xamii ile po 72 h	(Yes no, ar unknown) (If yes give wor or doles of service) Mrs. Betty Thomas, Friends										
forwarded to the Chief Medical Examine in personal forwarded to the Chief Medical Examine used as a burial-transit permit. File removal, and in any event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden									
pendi of Me sit pe	DUE TO, OR AS A CONSEQUENCE OF										
certificate, writing the word "pending" in pencil in Item 1 tould be forwarded to the Chief Medical Examiner's Offices.  Should be used as a burial-transit permit. File pages (and 2 tion, or removal, and in any event within 72 hours offer-	rise to immediate cause (a), (b)										
o the w buria	last. (c)										
os o	9145	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
files. 3 shauld be used notion, or remova	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	20. AUTOPSY?									
d be	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	YES NO									
es. haulc ion,	PRIMARY FOR CONTRIBUTING HOUR AM.  CAUSE OF DEATH  1:30 P.M. 9-18-689  Metal ladder came into contact will represent the contact										
CTOR: Page 3 shaul burial, cremotion,	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At home, farm, street, with the last work   1 of actory, affice building, etc.)   21f. LOCATION Street at R.F.D. No. (ity at Town Friendsville Garage)	Caunty State									
Per y id, o	22a. Verify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion										
ECTO.	death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined manner [										
e functol director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to buriel, crem	ACTUAL CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE S	SIGNED									
the funeral the funeral the funeral to be real to be real the funeral Health price	FXAMINER'S  DEPUTY MEDICAL EXAMINER   9-18	<b>-</b> 68									
the fun 5 moy 0 FUNE Health	( NAME (Type) James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) Oakland,										
± ~ <b>5</b> ±	REMOVAL (Specify)	(Caunty) (State)									
^	Burial 9/22/68 Asher Glade Cem. Friendsville G	SIGNATURE									
VR A15ME (5)	Kuth K. Theuman Grantsville, Md. DATESEP 20 1968 John	les judge									



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212012987 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 1. DECEASED-NAME First Middle 2b. HDUR executed within 24 haurs after death. er death. pup (Type or print) Month impletely filled in by the funeral ve carbon papers. Pages 1 and Guv Hamilton Wheeler September 1968 6. AGE (In years last birthday) 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX HOURS hours aft Male White 1879 September 19 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Kansas Garrett USA WIDDWED IX DIVDRCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Memorial Hosping Railroader give street address) Oakland cremation, ar remaval, and in any event, wit 13RTITOR JOWN 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Maryland 13b. COUNTY arrett NO S Oakland Route 14. FATHER'S NAME Middle Middle Last 15. MOTHER'S MAIDEN NAME First Wheeler Bowman 90 Charles Hannah requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FDRCES?
Yes one or unknown) (If yes give war or dates of service) 16b. SDCIAL SECURITY ND. 17. INFORMANT Address physiqu Yes, ne or unknawn) Mrs. Wayne Hamilton, Rt 2. Oakland, Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (ξ).
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) DUE TD, DR AS A CONSEQUENCE/DF Canditions, if any, which gave burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse directar, page 3 should be detached far use as the burial-1 should be filed with the State Dept. of Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE DE OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTDPSY? CAUSES OF DEATH? YES T ND A **TO FUNERAL DIRECTOR:** After this certificate directar, page 3 should be detached far us 21o. ACCIDENT WAS UNDERLYING 21b. TIME DF INJURY 2)c. HDW INJURY DCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an analysis and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 224. DATE-SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS E. Mance, M.D. Oakland, Maryland Andrew NAME (Type) 23c. NAME DF CEMETERY DR CREMATDRY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, 23b. DATE (Caunty) Eglon, Preston, W. Va. Eglon Cemetery Oct. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE OCT 1968 30M REV. Durst. Oakland. Md.

more of the desired plants of the second Statement and the Manager of the second A CONTRACT OF FRANCE OTTE COL